

UNITED STATES DISTRICT COURT 2022 SEP 13 PM 4:05

for the

Northern District of TexasDEPUTY CLERK *nb*

Division _____

Case No.

8-22 CV 2030 - M

(to be filled in by the Clerk's Office)

Darvis Lekeith Allen

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint.
 If the names of all the plaintiffs cannot fit in the space above,
 please write "see attached" in the space and attach an additional
 page with the full list of names.)

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- Defendants (1) Social Security Admin
claim
(2) Dallas Police Officer Rivera
(3) Erica Chultz
(4) Sgt. Moore
(5) Dr. Hamilton
(6) Confessa Smith
(7) Joyce Robbin

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Address

County

Telephone Number

E-Mail Address

Darvis Leketh allen
 P.O. Box 433
 Jacksonville Tx 75766
 City State Zip Code
 Jacksonville
 214 951 56 57

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

Social Security Administration
 Social Security Administration
 Dallas Los Angeles County
 Unknown California Unknown
 City State Zip Code
 Los Angeles County, Dallas County
 Unknown Unknown
 Individual capacity Official capacity

Defendant No. 2

Name

Job or Title (if known)

Address

County

Telephone Number

E-Mail Address (if known)

Rivera
 Officer Rivera. Dallas Police Dept.
 Unknown
 Dallas Tx Unknown
 City State Zip Code
 Dallas County
 Unknown Unknown
 Individual capacity Official capacity

Defendant No. 3

Name
 Job or Title (if known)
 Address
 County
 Telephone Number
 E-Mail Address (if known)

Erica Chtutz
Nurse
Dallas Parkland Hospital
Dallas TX Unknown
 City State Zip Code

Dallas County
Unknown
Unknown

Individual capacity Official capacity

Defendant No. 4

Name
 Job or Title (if known)
 Address
 County
 Telephone Number
 E-Mail Address (if known)

Sergeant Moore
Sgt at Lew Sterrett Jail
Unknown
Dallas TX Unknown
 City State Zip Code

Dallas
Unknown
Unknown

Individual capacity Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

- A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)
 State or local officials (a § 1983 claim)

- B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

first Constitutional amendment rights, 5th amendment, sixth amendment, eighth amendment, thirteenth amendment, fourteenth amendment, rights to Exhaustive of administration Remedies, 18 U.S.C 242, 18 U.S.C. 1592(a)(3)(b), 18 U.S.C. 1597(a)(3) 28 U.S.C. 1746, 50 U.S.C. 1520a(1)(2)(c), 22 U.S.C. 7102(a)(3)(A)(B)(C)

- C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

*Title 18 chapter 77 human trafficking
 pursuant to 18 U.S.C. 1592(1)(2)(a),
 (3),(b),(a). 18 U.S.C. 1597(a),(3)
 6 U.S.C 442(a)(1)(2)(b)(2)(A)(B), first constitution
 amendment,*

B. Attachment: 48 U.S.C. Section 1421b(c)(d)(e)(f)(g)(h) ~~(j)~~(k),

~~42 U.S.C. 1520d-1(a)(B)(C)(D)~~
42 U.S.C. 2000dd-0-(a)(B)(C)(D)
42 U.S.C. 12188 (a)(1)(a).
18 U.S.C. 1589(1)(2)
18 U.S.C. 1592(a)(1)
48 U.S.C. 1421b(d)

II Basis for Jurisdiction

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fourth Amendment, 42 U.S.C. 2000dd(a)(b)(d),

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.
- Social Security Administration failed to protect my constitutional rights Pursuant to, I the plaintiff being bonded to a social security number with territorial jurisdictions which I the Plaintiff by law to be tax liable before I was of age to make decisions of my own or like therof,*
- III. Statement of Claim using government identifications documents.

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

Texas and California

- B. What date and approximate time did the events giving rise to your claim(s) occur?

Emergency Injunction

07/28/2022 on or about 2:42 p.m.

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I the plaintiff is suffering from a severe forms of human trafficking based on government identifications forms, documents, which is the cause of I the plaintiff in a financial crisis, complete debt bondage, imprisonment, pursuant to Title 18 chapter 77 human trafficking laws that were set to prevent the non-human, cruelty of such activity or conduct. Witnesses to I the plaintiff are the government identifications documents. And also witnessed by, Maxine Allen, Raymond Chandler, Andre Chandler, Carl Rodney Jefferson, Maranda Temple, Stephanie Ennis are witnessess to my claims above,

I the plaintiff also submit underlying facts of ~~the~~ illegitimate documents, patternized, in a disguise of trickery treacherous intent knowingl and maliciously to cause I the plaintiff serious bodily harm, debt bondage, and involuntary servitude Supporting facts are with all seven claims of I the plaintiff showing the abuse I the plaintiff ask the court to grant relief of I the plaintiff constitutional rights to be free of or there like of.

III C.

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IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Restlessness, hopeless, loss of time, panic attacks, short memory loss, injections, pill by mouth, dizziness, nauseated, aloof distanced, I received treatment at 1345 Riverbend Drive, Ste. 200 Dallas, Tx 75247, I received immediate surgery on my right elbow. I received no medical treatment from my injuries at the Lew Sterrett Jail. I also suffer flashbacks, schizophrenia from the abuse, frequent hot flashes body becomes covered in sweat from the harm caused by ill treatments over time, desensitized, moodiness, arthritis, headaches and bouts of insomnia.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

five million in actual damages from the severity of Human trafficking mankind has seen and the supporting facts and evidence. I have endured and suffered physically, commercially, through cunningness, using government identifications documents with territorial jurisdictions that binds the plaintiff to tax laws disguised, and patternized throughout my 45 years of age livelihood which was caused by different names on government identification documents and my social security number that has territorial jurisdiction to California the state and I the plaintiff is forever bound to the State of California tax laws, which now I the plaintiff is in debt bondage and suffering the physical, mental, financially, sorrow of, this malicious acts that are happening to this day of my petition.

I ask the court for relief of I the plaintiff of my constitutional rights that I the plaintiff being a victim of severe forms of human trafficking and restore I the plaintiff freedom of or like therof being a citizen born in the United states that all man or woman is equal to enjoy life, I the plaintiff pray the court grant this petition and free I the plaintiff of violations of my constitutional rights OR like therof to I the plaintiff.

V. Relief (cont.)

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VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 09 13 2022

Signature of Plaintiff



Printed Name of Plaintiff

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address
